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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
FEE TRANS	Application Number	10/814,787	OLPE		
for FY 2005  Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 1, 2004	66	
		First Named Inventor	Aharon TAVIVIAN	( OCI 1 7 2005 8)	
		Examiner Name	Huyen D. Le	P 1 2000	
TOTAL AMOUNT OF PAYMENT	(\$) 905	Art Unit	3751	A. OF	
		Attorney Docket No.	004539.00016	CONSTRUMENT .	

METHOD OF PAYMEN	Γ (check all	that apply)	•				
☐ Check ☐ Credit Car	d 🔲 Mon	ey Order 🔲 N	one  Other (	please identify) :			
Deposit Account Deposit Account Number: 19-0733  Deposit Account Name: Banner & Witcoff, LTD.							
For the above-ide	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization	on PTO-203	8.					
FEE CALCULATION						<del></del> .	
1. BASIC FILING, SEA	RCH, AND		N FEES SEARCH	FFFS	FXAMINA	ATION FEES	
		Small Entity	OLANO.	Small Entity		Small Entity	
<b>Application Type</b>	Fee (\$)	Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Paid (\$)
Utility -	300	150	500	250	200	100	
Design	200	100	100	50	130	65	<del></del>
Plant	200	100	300	150	160	80	<del></del>
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	•
2. EXCESS CLAIM FE	ES						Small Entity
Fee Description						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues) 50 25 Each independent claim over 30 (including Reissues) 200 100							
Each independent claim over 30 (including Reissues)  Multiple dependent claims  200 100 180							
Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims							
-20 or HP=		x				Fee (\$)	Fee Paid (\$)
HP = highest number of t	total claims pa	id for, if greater tha	n 20.				
Indep. Claims	Extra C			Paid (\$)			
3 or HP=		x	<u> </u>				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
	=			to a whole numl			=
4. OTHER FEE(S)		_			•		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): RCE Fee and Request for an Extension of Time (3 Months)  905							
Outer (o.g., late i	5 Jan 4110	-6-7.					

SUBMITTED BY	A 1			
Signature	Danel North	Registration No. (Attorney/Agent) 42,912	Telephone	202-824-3000
Name (Print/Type)	Darrell G. Mottley		Date	10/17/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.